

AMENDMENT TRANSMITTAL

TOWNSEND and TOWNSEND and CREW LLP
 Two Embarcadero Center, 8th Floor
 San Francisco, California 94111-3834
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In re application of: JAMES F. MARINO et al.
 Application No.: 09/469,727
 Filing Date: December 21, 1999
 Group Art Unit: 3732
 For: BONY TISSUE RESECTOR

ASSISTANT COMMISSIONER FOR PATENTS
 Washington, D.C. 20231

Sir:

Transmitted herewith is an AMENDMENT in the above-identified application.

[X] Return Postcard

If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR
TOTAL	* 13	MINUS	** 20
INDEP.	* 3	MINUS	*** 2
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

SMALL ENTITY	
RATE	ADDIT. FEE
x \$9.00 =	\$0.00
x \$40.00 =	\$40.00
+ \$135.00 =	
TOTAL ADDIT. FEE	\$40.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[] No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

[X] Claims fee \$ 40.00 (Copy enclosed)
 [X] Any additional fees associated with this paper or during the pendency of this application.

Customer No. 20350

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